

United States Bankruptcy Court Western District of New York		PROOF OF CLAIM	
In Re: James N. Dunn Kelli L. Dunn fka Kelli L. Puusepp		Case Number: 01-13090-MJK	Foreclosure
Name of Creditor Fleet Mastercard c/o Credit Card Service POB 15368 Wilmington, DE 19886			
Address Where NOTICES Should be Sent s.a.a Telephone No.		Address where PAYMENTS should be sent [if different]	
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
ACCOUNT NUMBER: 5420969004027667 CO-MAKER:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated:	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Other <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)	<input type="checkbox"/> Services performed <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)	<input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Last four digits of SS#: _____ Unpaid compensations for services performed from _____ to _____	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Classification of Claim: Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. Unsecured Non Priority Claim <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral _____ Value of Collateral: \$? _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic Support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. §507(a)(4); <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. §507(a)(5) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property of services for personal, family, or household use- 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units- 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §§507(a)() . <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
5. Total amount of Claim at Time Case Filed: <u>\$2600.00</u> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges-Interest-\$; attorney fee-\$; costs-\$.			
Date October 16, 2007		Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) /s/Morris Horwitz, As trustee in bankruptcy of James N. Dunn and Kelli L. Dunn	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571

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